FORM D

1315783

SE0 Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 1 4 7008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, Washington, DC **SECTION 4(6), AND/OR** 100 UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | | | |
|--------------|-----------|--------|--|--|--|--|--|--|
| Prefix | | Serial | | | | | | |
| D | ATE RECEI | VED | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and inc | dicate change.) |
|--|---|
| Third Coast Capital QP, L.P. | |
| | Rule 506 |
| Type of Filing: ☐ New Filing ☑ Amendment | , |
| A. BASIC IDENTIFICATION DA | ATA |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate the changed of the changed o | ate change.) |
| Third Coast Capital QP, L.P. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code | e) Telephone Numt |
| 5914 West Courtyard Drive, Suite 190, Austin, TX 78730 | (512) 306-0409 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code | |
| (if different from Executive Offices) | , resoptions reality |
| Brief Description of Business: The Fund seeks to achieve long-term capital apprec | ciation through trading and investment, both long |
| and short, primarily in U.S. equity securities and their derivatives. | ciation through trading and investment, both long |
| Type of Business Organization | |
| ☐ corporation ☑ limited partnership, already formed | □ other (please specify): PROCECOF |
| ☐ business trust ☐ limited partnership, to be formed | a dutil (blease specify). |
| Month Year | O other (please specify): PROCESSE JAN 16 2008 |
| | JAN 16 2002 |
| rectain of Estimated Bate of Interpolation of Organization: | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abb | breviation for State: DE THOMSON |
| CN for Canada; FN for other foreign jurisdiction) | FINANCIAL |
| GENERAL INSTRUCTIONS | · |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption ur Or 15 U.S.C. 77d(6). | nder Regulation D or Section 4(6), 17 CFR 230.501 et seq. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities Securities and Exchange Commission (SEC) on the earlier of the date it is received by taddress after the date on which it is due on the date it was mailed by United States registered | the SEC at the address given below or, if received at that |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washing Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be photocopies of the manually signed copy or bear typed or printed signatures. | |
| Information Required: A new filing must contain a'l information requested. Amendments changes thereto, the information requested in Part \mathcal{C} , and any material changes from the ineed not be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering exemptic adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a sepa where sales are to be, or have been made. If a state requires the payment of a fee as a precommount shall accompany this form. This notice shall be filed in the appropriate states in constitutes a part of this notice and must be completed. ATTENTION | arate notice with the Securities Administrator in each state ondition to the claim for the exemption, a fee in the proper accordance with state law. The Appendix to the notice |
| | |
| Failure to file notice in the appropriate states will not result in a loss of the appropriate federal notice will not result in a loss of an available predicated on the filing of a federal notice. | |

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es)that Apply: ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ⊠ General and/or Managing Partners |
|--|----------------------------|---------------------|------------|---------------------------------------|
| Full Name (Last name first, if individual) May, David D. | | | | |
| Business or Residence Address (Number and 5914 West Courtyard Drive, Suite 190, Austi | | Code) | | |
| Check Box(es)that Apply: | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Partners |
| Full Name (Last name first, if individual) Davis, Clark B. | | | | |
| Business or Residence Address (Number and 5914 West Courtyard Drive, Suite 190, Austin | | Code) | | |
| Check Box(es)that Apply: ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Partners |
| Full Name (Last name first, if individual) Third Coast Capital Management, L.P. | | | | |
| Business or Residence Address (Number and 5914 West Courtyard Drive, Suite 190, Austin | | Code) | | |
| Check Box(es)that Apply: | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip C | Code) | | .,, |
| Check Box(es)that Apply: Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip C | ode) | | |
| Check Box(es)that Apply: ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Number and S | Street, City, State, Zip C | ode) | | |

| | | | | B. IN | IFORMAT | TON ABO | UT OFFE | RING | | | | |
|--|---|---|--|--|----------------------------|--|----------------------------|-------------|----------------------------|--|-----------------|------------|
| 1. Has the | issuer solo | l, or does ti | he issuer in | itend to sell | , to non-ac | credited inv | estors in th | is offering | ? | | Yes □ | No ⊠ |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | |
| 2. What is | the minim | ium investr | nent that w | ill be accep | oted from a | ny individu | al? | | | .,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$ <u>45</u> , | |
| 3. Does th | e offering | permit join | t ownershi | p of a singl | e unit? | *************************************** | | | | *************************************** | Yes ⊠ | No □ |
| commi If a pe list the | ission or si rson to be name of t | milar remu listed is an he broker o | neration for associated or dealer. | or solicitati person of If more that | on of purcl a broker or | hasers in co dealer regi ersons to b | onnection w stered with | the SEC a | f securities nd/or with | indirectly, in the offe a state or st such a brok | ring. tates, | |
| Full Name | e (Last nan | ne first, if i | ndividual) | | | | | | | | | |
| Business | or Residen | ce Address | (Numbe | r and Street | t, City, Stat | e, Zip Code | e) | | | | | |
| Name of A | Associated | Broker or | Dealer | . , | | | | | | | | |
| | | | | | | Purchasers | | | | ******** | D | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [K.Y] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | e (Last nan | ne first, if i | ndividual) | | | | | | | | | |
| Business | or Residen | ce Address | (Numbe | r and Street | t, City, Stat | e, Zip Code | e) | | | | | <u>.</u> |
| Name of A | Associated | Broker or l | Dealer | - | | | | | | | | |
| | | | | | | Purchasers | | | | | 🗖 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [נאו] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [X.K.] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name | e (Last nan | ne first, if in | ndividual) | | | | | | | | | |
| Business (| or Residen | ce Address | (Number | r and Street | t, City, Stat | e, Zip Code | e) | | | | ., | |
| Name of A | Associated | Broker or l | Dealer | | | | | | | | | |
| | | | | | | Purchasers | | | | | 🗆 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | (FL) | [GA] | (HI) | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [11] | [NM] | [NY] | [NC] | [ND] | (OH) | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | ['.'X] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Offering Amount Already Sold Type of Security Debt..... Equity..... □ Common □ Preferred Convertible Securities (including warrants..... \$ 73,279,940.42 Other (Specify Total. \$ 73.279.940.42 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Dollar Amount Number Investors of Purchases Accredited Investors. \$ 73,279,940.42 Non-accredited Investors.... N/A Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. **Dollar Amount** Type of Type of offering Security Sold Rule 505.... N/A N/A . Regulation A.... N/A N/A Rule 504..... N/A \$ N/A Total..... N/A N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to fixure contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Other Expenses (identify): Miscellaneous offering-expenses

Total......

| C. OFFERING PRICE, NUMB | ER OF INVESTORS, EXPENSES AN | D U | SE OF PROCE | EDS | |
|---|--|----------------------------|--|--------------|------------------------|
| b. Enter the difference between the aggregate of Question 1 and the total expenses furnished in response the "adjusted gross proceeds to the issuer" | nse to Part C - Question 4.a. this difference ceeds to the issuer used or proposed to be any purpose is not known, furnish an este total of the payments listed must equ | nce i e use timat | s d e | \$ | <u>73,229,940.42</u> |
| Salaries and fees | | п | Payments To Officers, Directors, & Affiliates | | Payments To Others \$ |
| Purchase of real estate | | | | | <u>.</u> |
| Purchase, rental or leasing and installation of ma | | | \$ \$ | | \$ |
| Construction or leasing of plant buildings and fa | | | \$ \$ | | ф <u> </u> |
| Acquisition of other businesses (including the volential of the second offering that may be used in exchange for the as issuer pursuant to a merger) | alue of securities involved in this sets or securities of another | | \$ \$ | | \$ \$ |
| Working capital | | | \$ | | \$ <u>.</u> |
| Other (specify): Investments | | | \$ | X | \$73,229,940.42 |
| Column Totals Total Payments Listed (column totals added) | | 0 | ⊠ <u>\$73</u> | ⊠ 5,229,9 | |
| | D. FEDERAL SIGNATURE | | | | |
| The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the isinformation furnished by the issuer to any non-accredite | y the undersigned duly authorized personsuer to furnish to the U.S. Securities Con | nmis | sion, upon writt | | |
| Issuer (Print or Type) | Signature | \mathbb{Z} | / D | ate | 9 |
| Third Coast Capital QP, L.P. Name of Signer (Print or Type) | Title of Signer (Print or Type) | n | / Ja | inuary | % , 2008 |
| David D. May | Manager, Third Coast Capital GP C Capital Management, L.P. (the General L.P.)) | | | | |
| | | | | | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|--|---|-----------------|---------|
| | 2(c), (d), (e) or (f) presently subject to any of the disqualification provisions | Yes | No ⊠ |
| | See Appendix, Column 5 for state response. | | |
| 2. The undersigned issuer hereby undertakes D (17 CFR 239.500) at such times as rec | s to furnish to any state administrator of any state in which this notice is filed, a quired by state law. | notice on | Form |
| The undersigned issuer hereby undertakes to offerees. | s to rurnish to the state administrators, upon written request, information furnish | hed by the | issue |
| Uniform Limited Offering Exemption (| e issuer is familiar with the conditions that must be satisfied to be entitled to the ULOE) of the state in which this notice is filed and understands that the issuent has the burden of establishing that these conditions have been satisfied. | | |
| The issuer has read this notification and knudersigned duly authorized person. | nows the contents to be true and has duly caused this notice to be signed on | its behalf | by ' |
| Issuer (Print or Type) Third Coast Capital QP, L.P. | Signature Date January | K , 2008 | |
| Name of Signer (Print or Type) David D. May | Title of Signer (Print or Type) Manager, Third Coast Capital CP, LLC (the General Partner of Capital Management, L.P. (the General Partner of Third Coast | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| l | : | 2 | 3 | <u> </u> | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
|-------|----------------------|--|--|---------------------------------------|--|--|--------|-----|------|
| | to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in State (Part C-Item 1) | | | | | | |
| State | Yes | No | Limited Partnership Interests | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | - | | | | | | |
| AZ | | | | | | | | | |
| AR | | | , | | | | | | |
| CA | | | | | | | | | • |
| СО | | | | | | | | | |
| CT | | х | \$1,000,000 | 1 | \$1,000,000 | 0 | \$0 | | No |
| DE | | х | \$9,250,000 | 1 | \$9,250,000 | 0 | \$0 | | No |
| DC | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| FL | | | - | · | | | | | |
| GA | | | | | | | | | |
| HI | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | х | \$5,000,000 | 1 | \$5,000,000 | 0 | \$0 | | No |
| IΝ | | | | | | | | | |
| IA | | | | | | | | | |
| KS | | | | | | | | | |
| KY | | | | | | | | | |
| LA | | | | | | | | | |
| ME | | | | | | | | | |
| MD | | х | \$600,000.00 | 1 | \$600,000.00 | 0 | \$0 | | No |
| MA | | | | | | | | | |
| MI | | | | | | | | | |
| MN | | | | - | | | | | ···- |
| MS | | х | \$3,501,980.55 | 1 | \$3,501,980.55 | 0 | \$0 | | No |
| МО | | | . , | | | | | | |

APPENDIX

| 1 | : | 2 | 3 | | 4 | · | | Disqual | ification |
|--|-----------|---|--|--------------------------------------|---|--|----------|---------|-------------|
| Intend to sell to non-accredited investors in State (Part B-Item 1) | | | Type of security and aggregate offering price offered in State (Part C-Item 1) | | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
| State | State Yes | | Limite 1 Partners hip Interes ts | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | , | | | | | | |
| NH | | | | | | | | | |
| NJ | | | | | | | | | |
| NM | | | | | ······································ | | | | |
| NY | | Х | \$17,445,768.45 | 7 | \$17,445,768.45 | 0 | \$0 | N/A | N/A |
| NC | | | , | | · - | | | | |
| ND | | | | | | | | | |
| ОН | | | <u>.</u> , | | | | | | |
| OK | | | | | | | | | |
| OR | | | | | | | | | |
| PA | | Х | \$10,000,000.00 | 1 | \$10,000,000.00 | 0 | \$0 | N/A | N/A |
| RI | | | | | | | | | |
| SC | | | | | • | | <u> </u> | | |
| SD | | | · | | | | | | |
| TN | | | | | - | | | | |
| TX | == | Х | \$26,482,191.42 | 34 | \$26,482,191.42 | 0 | \$0 | | No |
| UT | | | _ | | | | | | |
| VT | | | | | | | | | |
| VA | | | | | | | | | |
| WA | | | | | | | | | |
| wv | | | | | | | | | |
| WI | | | - | | | | | | |
| WY | | | | <u> </u> | | 1 | | D | |
| PR | | | | | · | 1 | <u> </u> | | |